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Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?::

None

Computer Readable Form (CRF):: No

Number of copies of CRF::

0

Title::

TRAWL APPARATUS

Attorney Docket Number::

3657-1028

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

5

Small Entity?::

No

Latin Name::

Variety Denomination Name::

Petition Included?::

No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

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Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

NORWAY

Status::

Full Capacity

Given Name::

ROBERT

Middle Name::

Family Name::

ERNSTEN

Name Suffix::

City of Residence::

GOLFITO

State or Province of

Residence::

Country of Residence::

COSTA RICA

Street of Mailing

KILOMETRO CINCO

Address::

City of Mailing Address::

GOLFITO

State or Province of Mailing Address::

Country of Mailing Address::

COSTA RICA

Postal or Zip Code of Mailing Address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

NORWAY

Status::

Full Capacity

Given Name::

ROAR

Middle Name::

Family Name::

ARSKOG

Name Suffix::

City of Residence::

ORSTA

State or Province of

Residence::

Country of Residence::

NORWAY

Street of Mailing

NORDRE VARTDAL

Page #2

Address::

VARTDAL

City of Mailing Address::

ORSTA

Initial 6/15/05

10/539077

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State or Province of Mailing Address::

Country of Mailing Address:: NORWAY

Postal or Zip Code of Mailing Address:: N-6150

Applicant Authority Type:: Inventor

Primary Citizenship Country:: NORWAY

Status:: Full Capacity

Given Name:: JAN

Middle Name:: H

Family Name:: KJÆRSTAD

Name Suffix::

City of Residence:: SOVIK

State or Province of

Residence::

Country of Residence:: NORWAY

Street of Mailing

Address::

City of Mailing Address:: SOVIK

State or Province of Mailing Address::

Country of Mailing Address:: NORWAY

Postal or Zip Code of Mailing Address:: N-6280

Applicant Authority Type:: Inventor

Primary Citizenship Country:: NORWAY

Status:: Full Capacity

Given Name:: BORGE

Middle Name::

Family Name:: NAKKEN

Name Suffix::

City of Residence:: FIKSDAL

State or Province of

Residence::

Country of Residence:: NORWAY

Street of Mailing

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Address::	1	N-6394					
City of Mailing	Address::	1	FIKSDAL				
State or Province	e of Mailing	g Addre	ess::				•
Country of Maili	: 1	NORWAY					
Postal or Zip Co	de of Mailir	ng Addr	ess::				
Correspondence I	nformation						
Correspondence C	(00466				•	
Number::	-						
Representative I	nformation						
Representative Customer		(00466				
Number::							
Domestic Priorit	y Informatio	on					
Application::	Continuity		Parent			Parent	Filing
	Type::		Applicat	ion::		Date::	
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Foreign Priority	Information	n.					
Country::	Application	ı	Filing Date:: Pr		Pri	iority	
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Assignment Information

Assignee Name::

AKER SEAFOODS AS

Street of Mailing

FJORDALLEEN 16

Address::

City of Mailing Address::

OSLO

State or Province of Mailing Address::

Country of Mailing Address::

NORWAY

Postal or Zip Code of Mailing Address:: N-0250